JAN 1 3 2005

PART B - FEE(S) TRANSMITTAL

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| 100                  | TAUL                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                              | or l                                                                                                                                                                                                                                                                                                                                | Fax (703) 746-4000                                                                                                                                                                                                                                                                                          | AIII 22313-143V                                                                              |                                                                                |  |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| II<br>a<br>ii<br>n   | NSTRUCTIONS: This for ppropriate, All further con dicated unless corrected be naintenance fee notification                                                                                                                                                                                                                                                                                                                                      | m should be used for tran<br>respondence including the le<br>low or directed otherwise<br>S. | smitting the ISSU<br>Patent, advance on<br>in Block I, by (a | E FEE and<br>ders and noti<br>) specifying                                                                                                                                                                                                                                                                                          | PUBLICATION FEE (if requification of maintenance fees vanew correspondence address:                                                                                                                                                                                                                         | ired). Blocks I through 5 s<br>vill be mailed to the current<br>and/or (b) indicaring a sepa | hould be completed when<br>correspondence address a<br>araze "FEE ADDRESS" for |  |
| -                    | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certaincate councy be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mustave its own certificate of mailing or transmission.                 |                                                                                              |                                                                                |  |
|                      | 36802 7590 10/20/2004 PACESETTER, INC.                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     | Constitution of Mading or Transmission                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                |  |
|                      | 15900 VALLEY V<br>SYLMAR, CA 913                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     | I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Sup ISSUE FEE address above, or being facsimil transmitted to the USPTO (703) 745-4000, on the date indicated below. |                                                                                              |                                                                                |  |
| )1/14/20             | 05 SDENBOB2 0000005                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 160068 10047115                                                                            | ,                                                            |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             | mador                                                                                        | (Depositor's name)                                                             |  |
| )1 FC:15<br>)2 FC:80 | 01 1400.00 DA<br>01 6.00 DA                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     | Moter                                                                                                                                                                                                                                                                                                       | 113/05                                                                                       | (Signature) (Date)                                                             |  |
| ٢                    | APPLICATION NO. FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              | FIRST NAMED D                                                |                                                                                                                                                                                                                                                                                                                                     | D INVENTOR                                                                                                                                                                                                                                                                                                  | ATTORNEY DOCKET NO.                                                                          | CONFIRMATION NO.                                                               |  |
| _                    | 10/047,115                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01/14/2002                                                                                   |                                                              |                                                                                                                                                                                                                                                                                                                                     | V. Kroll                                                                                                                                                                                                                                                                                                    | A02P1004                                                                                     | 9041                                                                           |  |
| Г                    | APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                     | PPLN, TYPE SMALL ENTITY                                                                      |                                                              | <u></u>                                                                                                                                                                                                                                                                                                                             | ARDIAC OUTPUT WITH MY                                                                                                                                                                                                                                                                                       | TOTAL FEE(S) DUE                                                                             | DATE DUE                                                                       |  |
| L                    | nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                  | NO                                                                                           | \$1370                                                       |                                                                                                                                                                                                                                                                                                                                     | \$0                                                                                                                                                                                                                                                                                                         | \$1370                                                                                       | 01/21/2005                                                                     |  |
| _                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | A 77 1 7 1 7                                                 |                                                                                                                                                                                                                                                                                                                                     | CLASS-SUB CLASS                                                                                                                                                                                                                                                                                             | 1                                                                                            |                                                                                |  |
| ι                    | EXAMINER  MANUEL, GEORGE C                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | 3762                                                         |                                                                                                                                                                                                                                                                                                                                     | 607-025000                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                |  |
| _                    | <u>·</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                |  |
| ć                    | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                           |                                                                                              |                                                              | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent altorneys or agents, if no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                |  |
| 3                    | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                |  |
| -                    | PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the parcer. If an assignce is identified below, the document has been filled for recordation as act forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.                                                                                                                                                            |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                |  |
|                      | (A) NAME OF ASSIGN                                                                                                                                                                                                                                                                                                                                                                                                                              | PACESETTER,                                                                                  |                                                              | 3) RESIDEN                                                                                                                                                                                                                                                                                                                          | CE: (CITY and STATE OR CO                                                                                                                                                                                                                                                                                   | 15900 Val<br>Sylmar, (                                                                       | Lley View Cour<br>CA 91392-9221                                                |  |
| 1                    | Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  Governmen                                                                                                                                                                                                                                                                               |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                |  |
| 4                    | a. The following fee(s) are                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                              | _                                                                                                                                                                                                                                                                                                                                   | in the amount of the fee(s) is on                                                                                                                                                                                                                                                                           |                                                                                              | -                                                                              |  |
|                      | Advance Order - # of                                                                                                                                                                                                                                                                                                                                                                                                                            | mall entity discount permitt<br>f Copies2                                                    |                                                              |                                                                                                                                                                                                                                                                                                                                     | t by credit card. Form PTO-203<br>rector is hereby authorized by c<br>count Number160068                                                                                                                                                                                                                    |                                                                                              | credit any overpayment, topy of this form).                                    |  |
|                      | 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                                                                                                                             |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                |  |
| Ì                    | The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above, NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party interest as shown by the records of the United States Patent and Apademark Office. |                                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                |  |
|                      | Authorized Signature Henry Klub                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                              | Date1   1   13   25                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                             |                                                                                              |                                                                                |  |
|                      | Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                           | Derrick Reed                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                     | Registration                                                                                                                                                                                                                                                                                                | No. 40,138                                                                                   |                                                                                |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) mapplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Parent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## **TELECOPIER COVER SHEET**

January 13, 2005

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|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|--|
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| Telecopier: 703/746-4000                                                              | Telecopier: 818/362-4795                                                          |  |  |
| RE: Payment of ISSUE FEE Applic. No. 10/047,115 Filed: 01/14/2002 Docket No. A02P1004 | Number of pages being sent:  2 (including cover page)                             |  |  |